

CLAIMS ONLY							Application Number 10-666 189		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1							51					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	11						Total Indep					
Total Depend	40	←	←	←			Total Depend	←	←	←		
Total Claims	51						Total Claims					